

**STATE OF NEBRASKA**

Department of Health and Human Services  
 Regulation and Licensure - Credentialing Division  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-2117

## PSYCHOLOGY SUPERVISORY RELATIONSHIP REGISTRATION FORM

**Type of application:**

- ☐ This is an Initial Supervisory Relationship  
☐ I am requesting a Change in my Supervisory Relationship - Name of Previous Supervisor: \_\_\_\_\_  
☐ I am requesting an Additional Supervisor

**Category:**

- ☐ Psychologist Assistant  
☐ Psychologist Associate  
☐ Special Licensed Psychologist

**FEE: \$25.00**
**SECTION A – DEMOGRAPHIC INFORMATION** (All applicants must complete this section) (*Your name, address, date of birth, and school information are public information and will appear on the internet – [www.hhs.state.ne.us/lis/lisindex.htm](http://www.hhs.state.ne.us/lis/lisindex.htm)*)

Applicant's Name:	First	Middle	Last
Primary Practice Site:	Street/PO/Route		
	City	State	Zip Code
Telephone Number:	# during normal business hours		
Social Security Number: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)			SS#
Place of Birth:	City/State/Country	Date of Birth:	Month/Day/Year

(If your official transcript does not verify your date of birth, submit a copy of birth or marriage certificate, or driver's license, or similar documentation)

**SECTION B – SUPERVISOR'S PERSONAL INFORMATION** (All supervisors must complete this section)

Supervisor's Name:	Last	First	Middle Initial
Business Address:	Street/PO/Route		
	City	State	Zip Code
License Number:	#:	Telephone Number:	#:

Make fee payable to Credentialing Division

**SECTION C – SCOPE OF PRACTICE:** Provide a complete description of the scope of practice for which supervision will be provided to the supervisee listed on this application, by checking all items below that apply and list any additional areas that are not included.

CHECK	DIAGNOSIS AND TREATMENT	CHECK	PSYCHOLOGICAL TESTING AND EVALUATION
<input type="checkbox"/>	Major Mental and Emotional Disorders	<input type="checkbox"/>	Intelligence
<input type="checkbox"/>	Mental and Emotional Disorder	<input type="checkbox"/>	Personality
<input type="checkbox"/>	Alcoholism and Substance Abuse	<input type="checkbox"/>	Abilities
<input type="checkbox"/>	Disorders of Habit or Conduct	<input type="checkbox"/>	Interests
<input type="checkbox"/>	Psychological Aspects of Physical Illness	<input type="checkbox"/>	Psychophysiological Functioning
<input type="checkbox"/>	Psychological Aspects of Accident	<input type="checkbox"/>	Neuropsychological Functioning
<input type="checkbox"/>	Psychological Aspects of Injury	<input type="checkbox"/>	Psychoeducational Evaluation
<input type="checkbox"/>	Psychological Aspects of Disability		

List any Additional Diagnosis/Treatment below:

List any Additional Testing below:

CHECK	TREATMENT TECHNIQUES USED	CHECK	TREATMENT/EVALUATION POPULATIONS
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Individuals
<input type="checkbox"/>	Psychoanalysis	<input type="checkbox"/>	Couples
<input type="checkbox"/>	Psychotherapy	<input type="checkbox"/>	Families
<input type="checkbox"/>	Hypnosis	<input type="checkbox"/>	Groups
<input type="checkbox"/>	Biofeedback	<input type="checkbox"/>	Adults
<input type="checkbox"/>	Behavioral Analysis and Therapy	<input type="checkbox"/>	Adolescents
<input type="checkbox"/>	Play Therapy	<input type="checkbox"/>	Children
<input type="checkbox"/>	Remediation	<input type="checkbox"/>	Geriatrics
<input type="checkbox"/>	Consultation	<input type="checkbox"/>	Institutions/Organizations

List any Additional Areas below:

List any Additional Areas below:

SECTION C - SCOPE OF PRACTICE – continued			
CHECK	TEST INSTRUMENTS USED	CHECK	TEST INSTRUMENTS USED
<input type="checkbox"/>	Bayley Scales of Infant Development	<input type="checkbox"/>	Peabody Individual Achievement
<input type="checkbox"/>	Beery Developmental Test of Visual Motor Integration	<input type="checkbox"/>	Purdue Peg Board
<input type="checkbox"/>	Bender Gestalt	<input type="checkbox"/>	Projective Drawing
<input type="checkbox"/>	Benton Visual Retention Test	<input type="checkbox"/>	Quick Neurologic Screening Test
<input type="checkbox"/>	Draw a Person	<input type="checkbox"/>	Reitan Neurological Assessment Battery
<input type="checkbox"/>	Eysenck Personality Inventory	<input type="checkbox"/>	Revised Children's Manifest Anxiety Scale
<input type="checkbox"/>	Hiskey-Nebraska Test of Learning Aptitude	<input type="checkbox"/>	Reynold's Adolescent Depression Scale
<input type="checkbox"/>	House-Tree-Person	<input type="checkbox"/>	Reynold's Child Depression Scale
<input type="checkbox"/>	Kinetic Family Drawing	<input type="checkbox"/>	Rorschach
<input type="checkbox"/>	Luria Nebraska Neurological Assessment	<input type="checkbox"/>	Sentence Completion
<input type="checkbox"/>	McCarthy Scales of Children's Abilities	<input type="checkbox"/>	Stanford Binet
<input type="checkbox"/>	Millon Clinical Multiaxial Inventory II	<input type="checkbox"/>	Thematic Apperception Test
<input type="checkbox"/>	Millon Adolescent Personality Inventory	<input type="checkbox"/>	Wechsler Preschool and Primary Scale of Intelligence
<input type="checkbox"/>	Millon Behavioral Health Inventory	<input type="checkbox"/>	Wechsler Adult Intelligence Scale Revised
<input type="checkbox"/>	Mini Mental Status	<input type="checkbox"/>	Wechsler Memory Scale Revised
<input type="checkbox"/>	Minnesota Multiphasic Personality Inventory (MMPI-2 / MMPI)	<input type="checkbox"/>	Wechsler Intelligence Scale for Children III
<input type="checkbox"/>	MMPI-A	<input type="checkbox"/>	Woodcock Johnson Psychoeducational Battery
List any Additional Test Instruments below:		List any Additional Test Instruments below:	

<b>SECTION D - STATUS OF SUPERVISEE:</b> All applicants must complete the below information.			
1	<input type="checkbox"/>	<b>PSYCHOLOGIST ASSISTANT</b>	
		I have a master's in	
	<input type="checkbox"/>	clinical psychology	
	<input type="checkbox"/>	counseling psychology,	
	<input type="checkbox"/>	educational psychology; or	
	<input type="checkbox"/>	educational specialist degree in school psychology.	
	A Transcript/diploma verifying receipt of a master's degree as specified above must be either <b>attached</b> <input type="checkbox"/> or <b>forwarded separately</b> <input type="checkbox"/>		
	<input type="checkbox"/>	<b>PSYCHOLOGIST ASSOCIATE</b>	
		I have a master's in	
	<input type="checkbox"/>	clinical psychology	
	<input type="checkbox"/>	counseling psychology,	
	<input type="checkbox"/>	educational psychology; or	
<input type="checkbox"/>	educational specialist degree in school psychology.		
A Transcript/diploma verifying receipt of a master's degree as specified above must be either <b>attached</b> <input type="checkbox"/> or <b>forwarded separately</b> <input type="checkbox"/>			
<b>AND</b>			
<input type="checkbox"/>	I have carried out the duties described in this form (the duties on this form comply with Neb. Rev. Stat. 71-1,206.25(5)(c)) as part of my employment in institutions accredited by the Department of Public Institutions, the State Department of Education, or the Department of Correctional Services for a period of two years prior to September 1, 1994.		
My qualifying dates of employment are		From:	To:
2	<input type="checkbox"/>	<b>SPECIAL LICENSED PSYCHOLOGIST</b>	

**SECTION E – PLAN OF SUPERVISION:** Supervision shall be as follows:

- 1) psychologist holding special license - supervision shall provide a level of oversight and training appropriate to the individual's experience level;
- 2) psychologist assistant and psychologist associate – sessions shall occur on a weekly basis, and
- 3) candidate for licensure as a mental health practitioner obtaining supervised postmasters experience - sessions shall occur on a weekly basis for at least one (1) hour.

1	Frequency of Supervision:		
2	Type of Supervision:		
3	Duration of Supervisory Contact:		
4	Description of how supervision will take place:		
5	Who will provide supervisory backup when you are out of town or unavailable for weekly appointments?		
Supervisor's Name:		Last	First
			Middle Initial
Business Address:		Street/PO/Route	
		City	State
			Zip Code
License Number:	#:	Telephone Number:	#:

**SECTION F - CURRENT SUPERVISORY RESPONSIBILITIES:** Indicate below the number of individuals you supervise in each category/type.

NUMBER	TYPE OF SUPERVISEE
	Psychologists holding Special Licenses
	Provisional Licensed Psychologists (applicants obtaining post-doctoral supervised experience)
	Psychologist Assistant
	Psychologist Associate
	Candidate for Licensure as a Mental Health Practitioner Obtaining Supervised Postmasters Experience

**SECTION G - SUPERVISOR ATTESTATION** (The supervisor must complete this section of the application)***Supervisor Must Complete the following:***

I, \_\_\_\_\_ state that I am the supervisor referred to in this application and that the  
(Name of Supervisor)

statements herein are true and complete. I agree to assume legal and professional responsibility for the work of the applicant listed in this application and agree that I am competent to provide all services identified in this registration form. If any change in the scope of practice or plan of supervision, I hereby agree to notify the Board of Examiners of Psychologists.

\_\_\_\_\_  
(Signature of Supervisor)

\_\_\_\_\_ date

**SECTION H – APPLICANT ATTESTATION** (The applicant must complete this section of the application)***Applicant Must Complete the following:***

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not practiced Psychology without a license in Nebraska prior to this application for licensure; **or**  
☐ I have practiced Psychology without a license/registration in Nebraska prior to this application for licensure (does not include internship time).

\_\_\_\_\_ number of days in Nebraska prior to July 1, 2004

\_\_\_\_\_ number of days in Nebraska after July 1, 2004

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ date